



Richmond Service Center News

June 2008

Richmond

USDA Service Center

Madison Co. FSA Service Center

2150 Lex. Road
Richmond KY 40475
859-624-1980 (phone)
859-624-5719(fax)
www.fsa.usda.gov/ky

Hours

Monday - Friday
8:00 a.m. - 4:30 p.m.

County Committee

Larry Green
Donald W. Kelley
Grey Harris
Edna H. Taylor

County Committee meets

1st Wed. / Month

Staff

Oliver Duncan, CED
Minnie Cruse
Tommye Bell
Janice Lake
Kim Williams
Julia Adams, Temp

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COUNTY COMMITTEE ELECTIONS

Farm Service Agency – Seeks Nominations for County Committee Election. Nomination Period begins **June 15, 2008 and ends August 1, 2008.**

LAA # 3 will be the area of election. Mr. Donald W. Kelley has served 9 years, and his term has ended. Mr. Kelley has served the community well and FSA thanks him for his service.

The County Committee meets once a month and plays a very important part of the operations of FSA. The Farmers who serve on the committee help with decisions on administering the programs that service the local farmers.

FARMERS IN AREA # 3

It's important to pick up your nominating form or go online at <http://www.fsa.usda.gov> and nominate the farmer to serve your community. FSA would like to encourage Beginning Farmers, to serve on the Committee. Please call the FSA office with any questions you may have.

REMEMBER TO FILE YOUR NOMINATING FORM

LAA Boundaries:



FSA-669A
(02-25-08)

U.S. Department of Agriculture
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or print Nominee's Full Name)		TO BE COMPLETED BY COUNTY FSA OFFICE
2. ADDRESS OF NOMINEE		
3. NOMINEE'S CERTIFICATION <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i> <input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)
4A. SIGNATURE OF NOMINEE		6A. COUNTY
4B. DATE (MM-DD-YYYY)		6B. LAA NO.
		7. STATE
		DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR

8. TO BE COMPLETED BY NOMINEE

VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

<p>ETHNICITY</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>RACE (Choose as many boxes as applicable)</p> <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<p>GENDER</p> <input type="checkbox"/> Male <input type="checkbox"/> Female
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INSTRUCTIONS FOR COMPLETING THIS FORM

Complete the form as follows:

ITEM 1 Type or Print the nominee's full name. The nominee must be:

- A. Eligible to vote in the designated County FSA Committee election.
- B. Eligible to hold the office of County FSA Committee member.
- C. Willing to serve if elected.

ITEM 2 Enter the nominee's current address.

ITEM 3 The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.

ITEM 4 The nominee must sign and date.

ITEM 8 Completing this item is voluntary.

ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.